

**TennCare & First Health Services
Pharmacy Workshop Enrollment Form***
RSVP by November 23, 2005

FAX your registration to Stephanie Kirmse

FAX: 888.298.4130

Phone: 615.507.6513

Participant Name: _____

NCPDP #: _____ **Pharmacy Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **FAX:** _____

E-mail: _____

Workshop Selection Registration by November 23, 2005 is required

WORKSHOP SCHEDULE

√ Desired Workshop	Area	Date	Time	Location
<input type="checkbox"/>	Knoxville	November 29, 2005	7:00pm – 9:00pm	UT Medical Center UT Wood Auditorium 1924 Alcoa Hwy Knoxville, TN 37920
<input type="checkbox"/>	Chattanooga	December 1, 2005	7:00pm – 9:00pm	Erlanger Probasco Auditorium Ground Floor 975 East Third Street Chattanooga, TN 37403
<input type="checkbox"/>	Nashville	December 6, 2005	7:00pm – 9:00pm	Centennial Women's Hospital M.O.B. Auditorium 2221 Murphy Avenue Nashville, TN 37203
<input type="checkbox"/>	Memphis	December 13, 2005	7:00pm – 9:00pm	Saint Francis Hospital Longinotti Auditorium 6005 Park Avenue Memphis, TN 38119

*Please use one form per person.